ANNUAL LEAVE CREDITS STATEMENT STD. 644 (REV. 9-94)

EMPLOYEE'S NAME										DATE PRE	PARED		PREPARED BY ATTENDANCE RECORDS OFFICE (Signature)				
DEPARTMENT				UNIT					WORK WEEK GROUP								
	eligibilit	our record of sick leav y are affected by the M tailed information on t	Iemorandum	of Under	standing	between	your excl	usive rep	resantati	ve and the	e State of	Californ	ia.				
	represen		ne carming o	i icave cie	arts, are	a overtime	c may be c	otamea	nom you	i attendar	ice cicik,	, acpartin	entar per	30111101 011	100, 01 02	Clusive	
		ntive employees shall r racation/annual leave c											Nonrepr	esented e	mployee	s shall	
VACATION/ANNUAL LEAVE GROUP CODE VACATION/ANNUAL LEAVE C PER PAY PERIOD IN HOURS			CREDIT EARNED	YOUR MAXIMUM VACATION/ANNUAL				YOUR EARNING CATEGORING THE NEXT 12 F		GORY WILLL (S, YOU WILL RECEIVE THE HIGHER CREDITS IN THE PAY PERIOD FOR nth) (Year)					
			YES					NO			19						
SATURDAYHOLIDAY YES	/AVAILABLE NO											1					
·			PAY	SICK LEAVE HOURS			VACATION/ANNUAL LEAVE HOURS			PERSO	DAYS	OVERTIME HOURS					
		PERIOD	TOTAL AVAILABLE	USED	BALANCE	TOTAL AVAILABLE	USED	BALANCE	TOTAL AVAILABLE	USED	BALANCE	TOTAL AVAILABLE	WORKED	USED	BALANCE	PRIOR YEAR OVERTIME	
These are your credits as of the first of the Pay Period shown. If you have any questions concerning them, notify the office to which your attendance is reported. Keep this record up to date by Pay Period so you will know where you stand.			ост														
			NOV														
			DEC														
			JAN														
			FEB														
			MAR														
			APR														
			MAY														
			JUNE														
			JULY														
			AUG														
			SEPT														
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